

CLAIMS ONLY						Application Number <u>10/675558</u>	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep								
Total Depend								
Total Claims								

\* May be used for additional claims or amendments

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Total Indep      2

Total Depend    40

Total Claims    42